# FORM D

Mail Processing Section

MAR 13 2009

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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|----|---|---|----|---|
| 10 |   |   |    |   |

| OMB APPROVAL             |           |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number:              | 3235-0076 |  |  |  |  |  |  |
| Expires:                 |           |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |
| hours per response       | 1600      |  |  |  |  |  |  |

| SEC USE ONLY |           |        |  |  |  |  |  |
|--------------|-----------|--------|--|--|--|--|--|
| Prefix       |           | Serial |  |  |  |  |  |
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|              |           |        |  |  |  |  |  |

| Washington, DO   |  |
|--|--|
| Name of Offering Lineck if this is an amendment and name has changed, and indicate change.)  Flexible Premium Variable Universal Lite Insurance and Variable Annuity   |  |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment  | ☐ ULOE                                 |
| A. BASIC IDENTIFICATION DATA   |  |
| 1. Enter the information requested about the issuer  |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)   |  |
| Keyport Life Insurance Company Variable Account P  | 09036449                               |
| Address of Executive Offices (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code) |
| One Sun Life Executive Park, Wellesley Hills, MA 02481   | (781) 446-1844                         |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  | Telephone Number (Including Area Code) |
| Brief Description of Business  |  |
| Insurance Company Separate Account   |  |
| business trust   limited partnership, to be formed   Separate  | lease specify): Account                |
| Month Year Actual or Estimated Date of Incorporation or Organization: 013 011 X Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) |  |
| CENEDAL INCEDITATIONS  |  |

## GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Sun Life Assurance Company of Canada (US) Full Name (Last name first, if individual) One Sun Life Executive Park, Wellesley Hills, MA 02481 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

|             |  |                      |                |                      | В. І                 | NFORMAT              | ION ABOU             | T OFFER                               | ING                                     |                      |                      |                      |  |
|-------------|--|----------------------|----------------|----------------------|----------------------|----------------------|----------------------|---------------------------------------|---|----------------------|----------------------|----------------------|--|
| 1.          | Has the  | issuer solo          | d, or does tl  |                      |                      |                      |                      |                                       |   |                      | ••••••               | Yes                  | No<br>X                                |
| 2.          | 1  |                      |                |                      |                      |                      |                      |                                       |   |                      | \$ N/A               | ١                    |  |
|             | Does the offering permit joint ownership of a single unit?   |                      |                |                      |                      |                      |                      |                                       |   | Yes                  | No                   |                      |  |
| 3.          |  |                      |                |                      |                      |                      |                      |                                       |   |                      |                      | X                    |  |
| 4.          | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                      |                |                      |                      |                      |                      |                                       |   |                      |                      |                      |  |
|             | l Name (I<br>e Attacl  |                      | first, if indi | ividual)             |                      |                      |                      |                                       |   |                      |                      |                      |  |
|             |  |                      | Address (N     | lumber an            | d Street, C          | ity, State, 2        | Zip Code)            |                                       |   |                      |                      |                      |  |
| <del></del> |  | ' . 15               |                |                      |                      |                      |                      | · · · · · · · · · · · · · · · · · · · |   |                      |                      |                      |  |
| Nar         | ne of Ass  | ociated Br           | oker or Dea    | aler                 |                      |                      |                      |                                       |   |                      |                      |                      |  |
| Stat        | tes in Wh  | ich Person           | Listed Has     | Solicited            | or Intends           | to Solicit           | Purchasers           |                                       |   |                      |                      |                      |  |
|             | (Check   | "All States          | s" or check    | individual           | States)              |                      |                      |                                       | ••••••                                  |                      |                      | X Al                 | 1 States                               |
|             | AL IL MT RI  | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | ME NY                | DE<br>MD<br>NC<br>VA                  | MA<br>ND<br>WA                          | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | MO<br>PA<br>PR                         |
| Full        | l Name (I  | Last name            | first, if indi | ividual)             |                      |                      | ***                  |                                       |   |                      |                      |                      |  |
| Bus         | iness or   | Residence            | Address (N     | Number an            | d Street, C          | Sity, State,         | Zip Code)            |                                       |   |                      |                      |                      |  |
| Nan         | ne of Ass  | ociated Br           | oker or Dea    | aler                 |                      |                      |                      |                                       |   |                      | ., .                 |                      | ,                                      |
| Stat        | es in Wh   | ich Person           | Listed Has     | Solicited            | or Intends           | to Solicit           | Purchasers           |                                       |   |                      |                      |                      | ************************************** |
|             | (Check '   | 'All States          | " or check     | individual           | States)              | ••••••               |                      | •••••                                 | • | ••••••               |                      | x All                | l States                               |
|             | AL IL MT RI  | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | ME<br>NY<br>VT       | MD<br>NC<br>VA                        | MA<br>ND<br>WA                          | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR                   |
| Full        | Name (I  | ast name i           | first, if indi | vidual)              |                      |                      |                      |                                       |   |                      |                      |                      |  |
| Bus         | iness or   | Residence            | Address (N     | lumber an            | d Street, C          | ity, State, Z        | Zip Code)            |                                       |   |                      |                      |                      |  |
| Nan         | ne of Ass  | ociated Br           | oker or Dea    | ıler                 |                      |                      |                      | .=                                    |   |                      |                      |                      |  |
| State       | es in Whi  | ich Person           | Listed Has     | Solicited            | or Intends           | to Solicit l         | Purchasers           |                                       |   |                      |                      |                      |  |
|             | (Check "   | 'All States          | " or check i   | individual           | States)              | ••••••               | •••••                |                                       |   |                      |                      | X All                | States                                 |
|             | AL<br>IL<br>MT<br>RI   | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT | DE<br>MD<br>NC<br>VA                  | DC<br>MA<br>ND<br>WA                    | FL<br>MI<br>OH<br>WV | OK                   | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR                   |

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                             |  |
|----|--|-----------------------------|--|
|    | Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold                             |
|    | Debt   | <u> </u>                    | \$   |
|    | Equity   | S                           | \$   |
|    | ☐ Common ☐ Preferred   |                             |  |
|    | Convertible Securities (including warrants)  | S                           | \$   |
|    | Partnership Interests  | S                           | \$   |
|    | Other (Specify Separate Account )  | Unlimited                   | <sub>\$</sub> 511.3 Mill                           |
|    | Total  |                             | \$ 511.3 Mill                                      |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors | Number<br>Investors<br>181  | Aggregate Dollar Amount of Purchases \$ 511.3 Mill |
|    |  |                             | Φ  |
|    | Non-accredited Investors   |                             | \$   |
|    | Total (for filings under Rule 504 only)  |                             | \$   |
| 3. | Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the   |                             |  |
|    | first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering Rule 505   | Type of<br>Security         | Dollar Amount<br>Sold                              |
|    | Regulation A   |                             | \$   |
|    | Rule 504   |                             | \$   |
|    | Total  |                             | \$   |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.           |                             |  |
|    | Transfer Agent's Fees  |                             | <u>\$ None</u>                                     |
|    | Printing and Engraving Costs   |                             | \$ None  |
|    | Legal Fees   |                             | \$ None  |
|    | Accounting Fees  | _                           | § None   |
|    | Engineering Fees   |                             | § None   |
|    | Sales Commissions (specify finders' fees separately)   | _                           | <u>\$</u> 0  |
|    | Other Expenses (identify)  | _                           | \$ O   |
|    | Total  |                             | \$ O   |
|    |  |                             |  |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF  | PROCEEDS                                |                          |
|--|---|--------------------------|
| b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."   |   | <sub>\$</sub> 511.3 Mill |
| Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. |   |                          |
|  | Payments to                             |                          |
|  | Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others    |
| Salaries and fees  | ∏ <u>\$</u> None                        | None None                |
| Purchase of real estate  | <br>∏                                   | _<br>S None              |
| Purchase, rental or leasing and installation of machinery and equipment  | <br>∏                                   | <br>None                 |
| Construction or leasing of plant buildings and facilities  | <br>□                                   | \$ None                  |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   | None                                    | □\$ None                 |
| Repayment of indebtedness  | \$ None                                 | ☐ \$ None                |
|  | □                                       | ☐ \$ None                |
| Other (specify): Insurance Company Separate Account Investments  | None None                               | ☐ \$ 511.3 Mill          |
|  | None \$                                 |                          |
| Column Totals  |   |                          |
| Total Payments Listed (column totals added)  | <u> </u>                                | 11.3 Mill                |
| D. FEDERAL SIGNATURE   |   |                          |
| issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice  | e is filed under Ru                     | le 505, the followin     |

5.

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (Print or Type) Keyport Life  | Signature                                 |
|--------------------------------------|---|
| Insurance Company Variable Account P | Plan 500 3/11/09                          |
| Name of Signer (Print or Type)       | Title of Signer (Print or Type)           |
| Daniel T. Smyth                      | Operations Director, Private Client Group |

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|           |  | E. STATE SIGNATURE   |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|--|--|
| 1.        |  | resently subject to any of the disqualification Yes No   |  |  |  |  |  |  |  |
|           | See  | Appendix, Column 5, for state response.  |  |  |  |  |  |  |  |
| 2.        | The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as require  | furnish to any state administrator of any state in which this notice is filed a notice on Formed by state law.   |  |  |  |  |  |  |  |
| 3.        | 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by issuer to offerees. |  |  |  |  |  |  |  |  |
| 4.        | limited Offering Exemption (ULOE) of the st  | suer is familiar with the conditions that must be satisfied to be entitled to the Uniform tate in which this notice is filed and understands that the issuer claiming the availability ning that these conditions have been satisfied. |  |  |  |  |  |  |  |
|           | er has read this notification and knows the contriborized person.  | ents to be true and has duly caused this notice to be signed on its behalf by the undersigned  |  |  |  |  |  |  |  |
| Issuer (I | Print or Type) Keyport Life  | Signature  |  |  |  |  |  |  |  |
| Insuran   | nce Company Variable Account P   | Naw 5 3/11/09  |  |  |  |  |  |  |  |
| Name (I   | Print or Type)   | Title (Print or Type)  |  |  |  |  |  |  |  |
| Daniel    | T. Smyth   | Operations Director, Private Client Group  |  |  |  |  |  |  |  |

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |                                |                                  | TALL TO SERVICE STATE OF THE S | AI                                   | PPENDIX  |  | Editor (Control |  |    |
|-------|--------------------------------|----------------------------------|--|--------------------------------------|--|--|-----------------|--|----|
| 1     | Intend<br>to non-a<br>investor | 1 to sell accredited as in State | Type of security and aggregate offering price offered in state (Part C-Item 1)   |                                      | amount pu  | f investor and irchased in State C-Item 2) |                 | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |    |
| State | Yes                            | No                               |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors   | Amount          | Yes  | No |
| AL    |                                |                                  |  |                                      |  |  |                 |  |    |
| AK    |                                |                                  |  |                                      |  |  |                 |  |    |
| AZ    |                                |                                  |  |                                      |  |  |                 |  |    |
| AR    |                                |                                  |  |                                      |  |  |                 |  |    |
| CA    |                                |                                  |  |                                      |  |  |                 |  |    |
| СО    |                                |                                  |  |                                      |  |  |                 |  |    |
| СТ    |                                |                                  |  |                                      | *** · A. W · M · A. M · S. · · · · · · · · · · · · · · · · · |  |                 |  |    |
| DE    |                                |                                  |  |                                      |  |  |                 |  |    |
| DC    |                                |                                  |  |                                      |  |  |                 |  |    |
| FL    |                                |                                  |  |                                      |  |  |                 |  |    |
| GA    |                                |                                  |  |                                      |  |  |                 | ,  |    |
| НІ    |                                |                                  |  |                                      |  |  |                 |  |    |
| ID    |                                |                                  |  | 1                                    |  | ·  |                 |  |    |
| IL    |                                |                                  |  |                                      |  |  |                 |  |    |
| IN    |                                |                                  |  |                                      |  |  |                 |  |    |
| IA    |                                |                                  |  |                                      |  |  |                 |  |    |
| KS    |                                |                                  |  |                                      |  |  |                 |  |    |
| KY    |                                |                                  |  |                                      |  |  |                 |  |    |
| LA    |                                |                                  |  |                                      |  |  |                 |  |    |
| ME    |                                |                                  |  |                                      |  |  |                 |  |    |
| MD    |                                |                                  |  |                                      |  |  |                 |  |    |
| MA    |                                |                                  |  |                                      |  |  |                 |  |    |
| MI    |                                |                                  |  |                                      |  |  |                 |  |    |
| MN    |                                |                                  |  |                                      |  |  |                 |  |    |
| MS    |                                |                                  |  |                                      |  |  |                 |  |    |

|       |                                |  |  | APP                                  | ENDIX     | - 101<br>- 101<br>- 101                    |                                       |  |    |
|-------|--------------------------------|--|--|--------------------------------------|-----------|--|---------------------------------------|--|----|
| 1     | Intend<br>to non-a<br>investor | 2 d to sell accredited as in State 8-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | amount pu | f investor and archased in State C-Item 2) |                                       | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |    |
| State | Yes                            | No   |  | Number of<br>Accredited<br>Investors | Amount    | Number of<br>Non-Accredited<br>Investors   | Amount                                | Yes  | No |
| МО    |                                |  |  |                                      |           |  |                                       |  |    |
| MT    |                                |  |  |                                      |           |  |                                       | -  |    |
| NE    |                                |  |  |                                      |           |  |                                       |  |    |
| NV    |                                |  |  |                                      |           |  |                                       |  |    |
| NH    |                                |  |  |                                      |           |  |                                       |  |    |
| NJ    |                                |  |  |                                      |           |  |                                       |  |    |
| NM    |                                |  |  |                                      |           |  |                                       |  |    |
| NY    |                                |  |  |                                      |           |  |                                       |  |    |
| NC    |                                |  |  |                                      |           |  |                                       |  |    |
| ND    |                                |  |  |                                      |           |  |                                       |  |    |
| ОН    |                                |  |  |                                      |           |  |                                       |  |    |
| OK    |                                |  |  |                                      |           |  |                                       |  |    |
| OR    |                                |  |  |                                      |           |  |                                       |  |    |
| PA    |                                |  |  |                                      |           |  |                                       |  |    |
| RI    |                                |  |  |                                      |           |  |                                       |  |    |
| sc    |                                |  |  |                                      |           |  | , , , , , , , , , , , , , , , , , , , |  |    |
| SD    |                                |  |  |                                      |           |  |                                       |  |    |
| TN    |                                |  |  |                                      |           |  |                                       |  |    |
| TX    |                                |  |  |                                      |           |  |                                       |  |    |
| UT    |                                |  |  |                                      |           |  |                                       |  |    |
| VT    |                                |  |  |                                      |           |  |                                       |  |    |
| VA    |                                |  |  |                                      |           |  |                                       |  |    |
| WA    |                                |  |  |                                      |           |  |                                       |  |    |
| wv    |                                |  |  |                                      |           |  |                                       |  |    |
| WI    |                                |  |  |                                      |           |  |                                       |  |    |

|       | APPENDIX          |   |  |   |                                     |  |        |   |    |  |  |
|-------|-------------------|---|--|---|-------------------------------------|--|--------|---|----|--|--|
| 1     |                   | 2   | 3  Type of security  |   | 5 Disqualification under State ULOE |  |        |   |    |  |  |
|       | to non-a investor | I to sell<br>ccredited<br>is in State<br>-Item 1) | and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | ring price Type of investor and ed in state amount purchased in State |                                     |  |        | (if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |    |  |  |
| State | Yes               | No  |  | Number of<br>Accredited<br>Investors                                  | Amount                              | Number of<br>Non-Accredited<br>Investors | Amount | Yes   | No |  |  |
| WY    |                   |   |  |   |                                     |  |        |   |    |  |  |
| PR    |                   |   |  |   |                                     |  |        |   |    |  |  |

# **B. INFORMATION ABOUT OFFERING 4.**

| Full Name (Broker Dea  | ·   |  |
|--|---|--|
| Raymond James & Ass  | sociates  |  |
| Business Address   |   |  |
| 880 Carillon Parkway, St. Petersburg, FL 33716   |   |  |
| States in Which Persor   | Listed Has or Intends to Solicit Purchasers               |  |
| F 11.1 /6 1 6  | X All States  |  |
| Full Name (Broker Dea  | iler)   |  |
| M Holding Securites  |   |  |
| Business Address   |   |  |
| 1125 Northwest Couch St, Suite 900, Portland, OR, 97209 States in Which Person Listed Has or Intends to Solicit Purchasers |   |  |
| States in which Person   | X All States  |  |
| Full Name (Broker Dea  | ler)  |  |
| Clark Securities, Inc  |   |  |
| Business Address   |   |  |
|  | uite 2200, Dallas, TX, 75201                              |  |
| States in Which Person   | Listed Has or Intends to Solicit Purchasers               |  |
|  | X All States  |  |
| Full Name (Broker Dea  | ler)  |  |
| Crown Capital Securitie  | s LP  |  |
| Business Address   |   |  |
| 725 Town & Country Ro  | d,Suite 530, Orange, CA 92868                             |  |
| States in Which Person   | Listed Has or Intends to Solicit Purchasers               |  |
|  | X All States  |  |
| Full Name (Broker Deal   | er)   |  |
| Legacy Financial Service   | ces, Inc.   |  |
| Business Address   |   |  |
| 2090 Marina Ave, Petal   | uma, CA 94954   |  |
| States in Which Person   | Listed Has or Intends to Solicit Purchasers               |  |
|  | X All States  |  |
| Full Name (Broker Deal   | er)   |  |
| Investors Capital  |   |  |
| Business Address   |   |  |
| 230 Broadway, Lynnfiel   | d, MA 01940   |  |
|  | Listed Has or Intends to Solicit Purchasers               |  |
|  | X All States  |  |
| -ull Name (Broker Deal   | er)   |  |
| Grant Williams LP  |   |  |
| Business Address   |   |  |
|  | 3 <sup>rd</sup> Floor, Suite 2200, Philadelphia, PA 19103 |  |
|  | Listed Has or Intends to Solicit Purchasers               |  |
| Jiaico III VVIIIGII FEISON<br>   | X All States  |  |
| Full Name (Probes Deel   |   |  |
| Full Name (Broker Dealer)  |   |  |
| /FIC Securities, Inc   |   |  |
| Business Address   |   |  |
| 030 Old Valley Forge RD, King of Prussia, PA 19406 States in Which Person Listed Has or Intends to Solicit Purchasers      |   |  |
| otates in which Person   |   |  |
|  | X All States  |  |

| Full Name (Broker Dealer)  |               |
|--|---------------|
| Brookstreet Securities Corporation   |               |
| Business Address   | $\dashv$      |
| 2361 Campus Drive, Irvine CA 92612   |               |
| States in Which Person Listed Has or Intends to Solicit Purchasers   | $\dashv$      |
| X All States   | 1             |
| A Air Otates   |               |
| Full Name (Broker Dealer)  | _             |
| FSC Securities   | ı             |
|  | $\dashv$      |
| Business Address   | 1             |
| 3585 Atlanta Avenue, Hapeville GA 30365  | _             |
| States in Which Person Listed Has or Intends to Solicit Purchasers   |               |
| X All States   |               |
|  |               |
| Full Name (Broker Dealer)  |               |
| SIG Securities LLC   | ╝             |
| Business Address   | 7             |
| Suite 1000, 14785 Preston Road, Dallas TX 75254-7876   |               |
| States in Which Person Listed Has or Intends to Solicit Purchasers   | 7             |
| X All States   |               |
|  |               |
| Full Name (Broker Dealer)  | 7             |
| Lincoln Financial Advisors   | - 1           |
| Business Address   | 一             |
| 1300 South Clinton Street, Suite 150, Fort Wayne IN 46802  | ı             |
| States in Which Person Listed Has or Intends to Solicit Purchasers   | $\dashv$      |
| X All States   | ı             |
| A Par Otalics  |               |
| Full Name (Broker Dealer)  | _             |
| Geneos Wealth Management Inc   | ı             |
| Business Address   | -1            |
|  |               |
| 4700 S. Syracuse Parkway, Suite 1000, Denver CO 80237 States in Which Person Listed Has or Intends to Solicit Purchasers   | 4             |
|  | 1             |
| X All States   | ┙             |
|  |               |
| Full Name (Broker Dealer)  |               |
| Mutual Trust Company of America Securities   | ╛             |
|  | I             |
| Business Address   | _]            |
| Business Address<br>2963 Gulf to Bay BLVD, Suite 120, Clearwater FL 33759  | 7             |
| Business Address<br>2963 Gulf to Bay BLVD, Suite 120, Clearwater FL 33759  |               |
| Business Address<br>2963 Gulf to Bay BLVD, Suite 120, Clearwater FL 33759  |               |
| Business Address<br>2963 Gulf to Bay BLVD, Suite 120, Clearwater FL 33759<br>States in Which Person <u>Liste</u> d Has or Intends to Solicit Purchasers  | _             |
| Business Address 2963 Gulf to Bay BLVD, Suite 120, Clearwater FL 33759 States in Which Person Listed Has or Intends to Solicit Purchasers  X All States  | <b>⅃</b><br>┓ |
| Business Address 2963 Gulf to Bay BLVD, Suite 120, Clearwater FL 33759 States in Which Person Listed Has or Intends to Solicit Purchasers  X All States Full Name (Broker Dealer)  |               |
| Business Address 2963 Gulf to Bay BLVD, Suite 120, Clearwater FL 33759 States in Which Person Listed Has or Intends to Solicit Purchasers  X All States  Full Name (Broker Dealer) AIG Financial Advisors  |               |
| Business Address 2963 Gulf to Bay BLVD, Suite 120, Clearwater FL 33759 States in Which Person Listed Has or Intends to Solicit Purchasers  X All States  Full Name (Broker Dealer) AIG Financial Advisors  Business Address  |               |
| Business Address 2963 Gulf to Bay BLVD, Suite 120, Clearwater FL 33759 States in Which Person Listed Has or Intends to Solicit Purchasers  X All States  Full Name (Broker Dealer) AIG Financial Advisors Business Address 2800 North Central Ave., Phoenix AZ 85004 |               |
| Business Address 2963 Gulf to Bay BLVD, Suite 120, Clearwater FL 33759 States in Which Person Listed Has or Intends to Solicit Purchasers  X All States  Full Name (Broker Dealer) AIG Financial Advisors  Business Address  |               |

| Full Name (Broker Dea                   | aler)                                       |
|---|---|
| InterSecurities, Inc.                   | ק ´   |
| Business Address                        | <u> </u>                                    |
|   | St Petersburg FL 33716                      |
| States in Which Person                  | Listed Has or Intends to Solicit Purchasers |
|   | X All States                                |
|   | A All Oldies                                |
| Full Name (Proker Dec                   | lor)  |
| Full Name (Broker Dea                   |   |
| MetLife General Agence Business Address | <u>y</u>                                    |
|   | 5151)4/5 0                                  |
|   | Floor East Wing, Summerset NJ 08873         |
| States in which Persor                  | Listed Has or Intends to Solicit Purchasers |
|   | X All States                                |
|   |   |
| Full Name (Broker Dea                   | · ·   |
| Royal Alliance Associat                 | tes   |
| Business Address                        |   |
| 2300 Windy Ridge Park                   | way, Suite 1100, Atlanta GA 30339           |
| States in Which Person                  | Listed Has or Intends to Solicit Purchasers |
|   | X All States                                |
|   |   |
| Full Name (Broker Deal                  | er)   |
| ProEquities Inc.                        |   |
| Business Address                        |   |
| 2801 Highway 2805, Bir                  | rmingham AL 35223                           |
|   | Listed Has or Intends to Solicit Purchasers |
| ,                                       | X All States                                |
|   |   |
| Full Name (Broker Deal                  | er)   |
| Regal Securities Inc                    | ,   |
| Business Address                        |   |
|   | Suite 2020, Fort Myers FL 33907             |
|   | Listed Has or Intends to Solicit Purchasers |
|   | X All States                                |
|   |   |
| Full Name (Broker Deal                  | er)   |
| GA Financial Inc                        | /   |
| Business Address                        |   |
|   | uite 3400, Columbus, Ohio 43215             |
| States in Which Person                  | Listed Has or Intends to Solicit Purchasers |
| 1                                       | X All States                                |
|   | A Air Otates                                |
| ull Namo (Prokor Dool                   | 25  |
| Full Name (Broker Deale                 | #1 <i>)</i>                                 |
| JP Turner & Co. LLC                     |   |
| Business Address                        |   |
| 3060 Peach Tree Rd,                     |   |
| States in Which Person_                 | Listed Has or Intends to Solicit Purchasers |
|   | X All States                                |
|   |   |
|   |   |

| Full Name (Broker Dealer)   |
|---|
| Manorhouse Capital LLC  |
| Business Address  |
| 2005 Market Street, 8th Floor, Suite 820, Philadelphia, PA 19103  |
| States in Which Person Listed Has or Intends to Solicit Purchasers  |
| X All States  |
|   |
| Full Name (Broker Dealer)   |
| National Planning Co.   |
| Business Address  |
| 410 Wilshire Blvd, Suite 1100, Santa Monica, CA 90401   |
| States in Which Person Listed Has or Intends to Solicit Purchasers  |
| X All States  |
|   |
| Full Name (Broker Dealer)   |
| National Planning Co.   |
| Business Address  |
| 410 Wilshire Blvd, Suite 1100, Santa Monica, CA 90401   |
| States in Which Person Listed Has or Intends to Solicit Purchasers  |
| X All States  |
|   |
| Full Name (Broker Dealer)   |
| NFP Securities  |
| Business Address  |
| 1250 Capital of Texas Highway, Suite 125, Austin, TX 78746  |
| States in Which Person Listed Has or Intends to Solicit Purchasers  |
| X All States  |
|   |
| Full Name (Broker Dealer)   |
| Oakbrook Financial  |
| Business Address  |
| 2100 Clearwater Dr., Oak Brook IL 60523-1927  |
| States in Which Person Listed Has or Intends to Solicit Purchasers  |
| X All States  |
|   |
| Full Name (Broker Dealer)   |
|   |
|   |
| Business Address  |
| Business Address<br>5050 Westheimer, Houston, TX 77056  |
| Business Address 5050 Westheimer, Houston, TX 77056 States in Which Person Listed Has or Intends to Solicit Purchasers                              |
| Stanford Group Business Address 5050 Westheimer, Houston, TX 77056 States in Which Person Listed Has or Intends to Solicit Purchasers  X All States |

| Full Name (Broker Dealer)  |  |  |
|--|--|--|
| United Global Securities   |  |  |
| Business Address   |  |  |
| 12950 Dairy Ashford Road, Sugar Land, Texas 77478                  |  |  |
| States in Which Person Listed Has or Intends to Solicit Purchasers |  |  |
| X All States   |  |  |
|  |  |  |
| Full Name (Broker Dealer)  |  |  |
| USF Securities LP  |  |  |
| Business Address   |  |  |
| 11 E. Greenway Plaza, Suite 2900, Houston, TX 77046                |  |  |
| States in Which Person Listed Has or Intends to Solicit Purchasers |  |  |
| X All States   |  |  |